PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # Lo SG 6 600		d er	FILED OCT 12 RM 4: 1 CRETARY OF STA	ATE
2. Principal Office Address - No P.O Box # /29 44	3. Mailing Office Address Suite, Apt. #, etc. Show City & State Zip Country	5. Date Organ To Do Busi 6. FEI Numbe 2.0	3 0 6 3 12 8 1	Applied For Not Applicable Moditional Fee required
8. Name and Address of Current Registered Agent Name AAA Mobile Home New 1 LLC. Street Address (P.O. Box Number is Not Acceptable) 12944 TS/cmd SP://ITP/ Suite, Apt #, Etc City Rh & Coh FL 32506 9. 1. being appointed the registered agent of the above named limited liability company, am familiar with and accept the Registered Agent Signature of Registered Agent M. B. Same and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL 32506			##377.50 pate 10~ /2~ 201/	
10. Names and Street Addresses of Managing Mem	GISTERED AGENT MUST SIGN			
Titles Name of Managing Members/ Manage	Street Address of Ea	Street Address of Each Managing Member/Manager		le / Zip
our nive 305L	12944 IS/and SI	PIRTA	Pensalule	PC 32561
REINSTATEMENT OUT 12 2011 EXAMINER				
11, E-mail Address				
12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Date 10 12-201 Daytime Phone # \$56-7/2 8620 Typed or printed name of signing Managing Member/Manager				